



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1211

**DATE:** January 22, 2013

**TO:** Iowa Medicaid Physicians, Nurse Practitioners, Certified Nurse Midwives, Rural Health Clinics (RHC) and Federally Qualified Health Center (FQHC) Providers Enrolled in the MediPASS Program.

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** MediPASS Assignment Request Attestations

**EFFECTIVE:** March 1, 2013

Under the MediPASS program, members have defined open enrollment periods to choose or change a Primary Care Provider (PCP). Based on a review of program details, the IME is implementing a change in our document review process to ensure that providers who notify the IME of a member requested change in a PCP are aware that choosing a PCP is the member's right.

As outlined in Title 42 section 438 of the Code of Federal Regulations (CFR), it is the member's right to designate their PCP and our records need to reflect that. The IME requires consent in the form of a signature when a written request is received from the member. Practitioners may also submit a request on behalf of their patient, but the selection should only be made at the member's request.

**Beginning March 1, 2013, all written MediPASS assignment requests received from providers must contain a signed statement confirming that the PCP designation was the member's choice.** The statement may simply be, "I confirm that the members listed have requested assignment to my practice," followed by the practitioner's signature. After March 1, 2013, the IME will not be allowed to process requests from providers if they do not contain such a statement.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or locally at 515-256-4609 or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).